

**AUTHORIZATION AGREEMENT FOR  
PRE-AUTHORIZED PAYMENTS  
“AUTOMATIC BANK DRAFT PAYMENT OPTION”**

**SELECT ONE OF THE FOLLOWING CHOICES:**

**[ ] FOR CHECKING ACCOUNTS**

- IF YOU ARE SENDING A PAYMENT BY CHECK ALONG WITH THIS REQUEST, YOUR CHECK WILL BE SUFFICIENT INFORMATION TO PROCESS THE AUTOMATIC BANK DRAFT OPTION.
- IF YOU ARE NOT INCLUDING A PAYMENT PLEASE ATTACH A VOIDED CHECK.

**OR**

**[ ] FOR SAVINGS ACCOUNTS**

- YOU NEED A LETTER ON YOUR BANK’S STATIONERY STATING YOUR NAME, ROUTING NUMBER AND SAVINGS ACCOUNT NUMBER. THE LETTER MUST BE SIGNED BY A BANK REPRESENTATIVE.
- YOU MAY SEND THE LETTER ALONG WITH YOUR FORM OR HAVE YOUR BANK FAX THE LETTER TO 765-807-1153. IF FAXING PLEASE SEND ATTN: BOOKKEEPING DEPT.

I (we) hereby authorize the City of Lafayette Utility Billing Office and my (our) Financial Institution to initiate debit entries to my (our) bank account as indicated.

This authority is to remain in full force and effect until the Utility Billing Office and my (our) Financial Institution has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Utility Billing Office and my (our) Financial Institution a reasonable opportunity to act on it.

**QUESTIONS? Email us at [UBOFFICE@LAFAYETTE.IN.GOV](mailto:UBOFFICE@LAFAYETTE.IN.GOV) or call us at 807-1100.**

**Please print with black or blue ink.**

**\*\*If I have a current bill, I would like it to be bank drafted from this bank account. \_\_\_Yes \_\_\_No  
(MUST RECEIVE THIS FORM IN OUR OFFICE AT LEAST 48 HOURS BEFORE DUE DATE)**

Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_

CITY OF LAFAYETTE’S:

Water Account No.: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_